

REQUEST FOR PAPER GOODS

Organization, Class or Department: _____

Date Needed: _____

Deliver To: _____

Person to Pick Up: _____

ITEM	QUANTITY	COST EACH	TOTAL
PLATES:			
10 ½ " divided		0.057	
6" chip & dip		0.027	
BOWLS: 5oz.		0.018	
CUPS:			
plastic			
6 oz.		0.015	
14 oz.		0.035	
SILVERWARE:			
spoons		0.0195	
forks		0.0195	
knives		0.0195	
picnic pack		0.14	
napkins only		0.008325	
TABLE COVER: Paper cover available by request only.			
white		0.35	
Special order			
KLEENEX:		0.9	

Cost Center and Account: _____

Total: _____

Received by: _____

Date: _____